

Frequently Asked Questions

STATUS REPORTS

Q. What happens to the reports that we send? ? What do you do with all the data?

A. The information and data obtained from the immunization status reports are used to compile our regular reports to CDC. In addition, this data helps us in our efforts toward disease surveillance and enforcement of the WAC.

CIS

Q. Why did you change the order of the vaccines? Can we change it back? Our data program was set up specifically to mirror the CIS form for quick and easy data entry. Now old forms mixed with new forms, and eventually the new format, will really slow things down. I hope it doesn't also contribute to data errors.

A. The order now mirrors the lifetime immunization record card, the recommended schedule, and is the order in which vaccines are given. It was difficult for parents to transfer data from the record card to the CIS when it was in a different order. We have been told that it should not be difficult for programmers to change the order for data entry. During the transition, there may be some slow down. It is suggested to collate the forms so data entry is from one edition to another.

Q. When can I start ordering the new forms?

A. Due to budget constraints this quarter, the DOH Immunization Program CHILD Profile is setting an ordering limit of 500 CIS forms per school district. It would help stretch our current supply if schools only order for kindergarten round-up at this time. You are welcome to print additional copies of the new CIS form from our web site for your students.

Q. I just ordered 2000 CIS forms that were revised in 2004. Should we use them or not?

A. Use the forms that you have rather than wasting them, especially for older students. You may consider putting a sticker or a stamp on the 2004 version by varicella as a reminder to get an approximate date or age at the time of disease.

We expect to be able to print an additional supply by mid-year, so you could order more at that time to cover back-to-school needs.

Q. What is DOH's definition of mid-year? We think of February as mid--year. Our district is wondering how to pay for printing of CIS forms that are needed now.

A. We are very sorry for the inconvenience. Our federal grant is by calendar year. We expect to get our next award in April. It might help to include the web site address in your mailings to parents so they can print the form, fill it out and turn it in. Some may really like to do that. Providers who use the CHILD Profile Immunization Registry could also print a CIS form for parents.

Q. A school nurse has an unsigned CIS form. Can the information be entered into the computer or does the form have to be sent back to the parent for a signature?

A. The form should be returned the form to the parent for signature. By legal definition, this data belongs to the parent. It is the parent's responsibility to give the data to the school. Parent signature is required by WAC 246-100-166 Section 3 vii. (add link)

Q. Will you have language translations (Spanish, etc.) available on your web site for us to download?

A. The CIS form in Spanish is posted on our web site. We are in the process of looking into translations of other languages.

Q. Is it legal for us to modify the CIS in any way?

A. WAC 246-100-166 Section 2 a states: "Certificate of immunization status (CIS) means i) CIS form approved by the department, ii) a CHILD profile immunization record, or iii) any other immunization form approved by the department."

The purpose of an immunization requirement is to make school and health department personnel to manage a vaccine preventable disease outbreak.

The purpose of a required standard form is to make record review easier for schools and communicable disease investigators.

Q. The old CIS forms had polio before Hib, which made more sense when checking dates for school entry.

A. Schools are not the only entity using the form. Hib is required for all children under age 5 years attending child care/Head Start/ ECEAP or other preschools.

VARICELLA

Q. Is DOH going to send out a press release to all LHJs concerning the new varicella requirements? This would be a great help to our Public Information Officers and a great way to get the message to parents so as not to overwhelm our providers at school entry.

A. We are in the process of getting information out about the new requirement and supporting information to LHJs, school nurses, WCAAP, WCAFP, and other partners. We do not intend to do a press release at this time, so please share the information you receive from us with others in your LHJ and community. A press release is planned for later this year once the supplemental budget request has been confirmed.

Q. Please clarify the child care requirements. Do all children attending child care need to comply with these requirements or only those that fall into the ages listed in the plan?

A. Children in child care need to comply according to the ages listed in the implementation plan. Beginning July 1, 2006, children from age 19 months up to kindergarten need to be vaccinated, have documented history of disease or a positive serology, or be exempted. Children entering kindergarten and sixth grade for the 2006-2007 school year must prove their immunity to varicella. DOH encourages verifying varicella immunity status for all children in grades Kindergarten to sixth.

School-age children who are in before- and after-school child care need to meet the requirement for their grade in school.

Q. Will the varicella vaccine be offered in the schools to close the Grade 1–5 gap like the MMRs and HepB were? Is there a plan for administration of the varicella vaccine to 6th graders by schools, the way MMR was? Or will parents need to take their children to their health providers?

A. We do not currently know of anyone who is planning to give varicella vaccine at the schools. It is up to the local health department and the school to plan such events. . However, it is especially difficult to have clinics in schools with varicella vaccine as it must be stored at 5° F. or colder and can only be reconstituted for 30 minutes before administration.

Our 2005 National Immunization Survey indicated that >77 percent of children in Washington State between the ages of 19 and 35 months have already been immunized. We have been giving vaccine since 1995. We expect many of this year's 5 year-olds will have had vaccine already. In the pre-vaccine era, around 90 percent of kids had the disease before adolescence. We don't have a way of knowing what that percentage is now but expect there will be a good number of next year's sixth graders who will have had the disease.

Q. Will the varicella requirement not roll up to 7, then 8, then 9, etc., as the other requirements have done? It seems like the high school years are when we especially want these kids vaccinated.

A. The WAC specifies, "Varicella for children under thirteen years of age, admitted to school or child care after July 1, 2006". We will not be "rolling up" the requirement

above Grade 6 under this WAC. However, the vaccine is recommended for all adolescents and young adults who have not had varicella disease.

The Department of Health encourages schools, within existing resources, to include children in older age groups and grades beyond those identified in this implementation plan beginning with fifth grade and working down through the lower grades.

Q. What date do we enter into the computer system if the parent doesn't remember when it was or if we only have a "yes" or "no?"

A. Try to get at least a year or an age. If the parent says the child was aged 2 years, one suggestion would be to add 2 years to the birth year.

Q. Is it acceptable for school nurses to take a history of chickenpox disease from a parent over the phone?

A. School nurses may record a history of chickenpox disease on the CIS form if it was conveyed by phone from the parent. As with any immunization update that may be taken over the phone from a parent, doctor's office or another school, the staff taking the phone information must initial and date the CIS form. See the Immunization Manual for Schools, Preschools and Child Care Facilities, Chapter 1, page 4 for complete instructions.

POLIO

Q. Does the polio vaccine requirement change immediately?

A. We are in transition. You can begin to make the change now.

Q. Do I contact Skyward to make the upcoming changes or will they automatically take care of that?

A. If you are using the Skyward/WESPAC software, the changes in DOH vaccination requirements for the 2007 school year are made at WSIPC and then applied to all the district databases. We are not sure of a release date but have been told it will likely be later this summer.

Q. The recent Immunization Update informs schools to change the immunization status to "complete" for students who have not received a dose of polio after the age of 4 years. Is this being looked at? There are quite a few kids who have had 5-7 doses but none after the fourth birthday. It would be nice to have a guideline of when (after how many doses) to accept them as complete.

A. According to CDC, the number of doses a child needs depends on how old the child is when getting the dose. Children who have at least four doses prior to their fourth birthday do not need to have a dose after their fourth birthday.

Per CDC's guidelines:

- At least four doses given before the fourth birthday is considered complete.
- Three doses are considered complete only if the third dose is given after the fourth birthday.

Q. Is an 18-year-old without any polio or only 1 or 2 doses considered complete?

A. CDC does not recommend routine polio immunization of persons aged 18 years and older. Students who are aged 18 years or older are considered complete for their age whether they have a full series of polio, no polio, or only 1 or 2 doses.

Any person traveling to an area of the world that still has polio disease should get a booster dose.

SAMPLE LETTERS

Q. Thank you for the sample letters. I will get them out to families as soon as possible. Are they translated into Spanish? If yes, where can I get them?

A. We are in the process of getting cost estimates for translations. If we are able to have them translated, the letters will be posted on our web site. If you need them right away and have a way to translate them, I would encourage you to do that.